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CONFIRMATION NO. 4660

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10/594,357	08/18/2008 RULE	623	3733	171US1

APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/GB2005/001161 03/24/2005

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 0406832.6 03/26/2004
 UNITED KINGDOM 0407718.6 05/04/2004
 UNITED KINGDOM 0502287.6 02/04/2005

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Initials	UNITED KINGDOM	10	20	3

ADDRESS

NuVasive
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TITLE

Prosthetic Spinal Disc

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit